


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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	298-146
	First Inventor	SALICE
	Title	A LIFTING APPARATUS
	Express Mail Label No.	EV035533291US

31057 U.S. PTO
10/04/138
01/15/02

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 12] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 7]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p>
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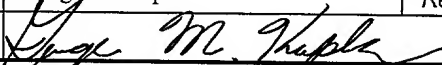
ACCOMPANYING APPLICATION PARTS	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney
11. <input type="checkbox"/> English Translation Document (if applicable)	
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
13. <input checked="" type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. Check for \$370.00	
17. <input checked="" type="checkbox"/> Other:	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:


<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No. _____
Prior application information.		Examiner _____	Group Art Unit. _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label			<input checked="" type="checkbox"/> Correspondence address below		
(insert Customer No. or Attach Bar Code Label here)					
Name	Rocco S. Barrese, Esq.				
Address	DILWORTH & BARRESE, LLP				
	333 Earle Ovington Blvd.				
City	Uniondale	State	New York	Zip Code	11553
Country	U.S.A	Telephone	(516) 228-8484	Fax	(516) 228-8516

Name (Print/Type)	George M. Kaplan	Registration No. (Attorney/Agent)	28,375
Signature		Date	Jan. 15, 2002

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EV035533291US addressed to: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

Dated: Jan. 15, 2002

George M. Kaplan

[illegible]

Atty. Docket No. 298-146

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Assistant Commissioner for Patents
Washington, D.C. 20231

UTILITY APPLICATION FEE TRANSMITTAL

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Luciano Salice

For: LIFTING APPARATUS FOR A TWO-LEAF FOLDING FLAP

Enclosed are:

[x] 8 page(s) of specification

[x] 1 page(s) of Abstract

[x] 3 page(s) of claims

[x] 7 sheets of drawings [x] formal [] informal (Figs. 1-15)

[x] 5 page(s) of Preliminary Amendment and marked-up copy

[] _____ page(s) of Declaration and Power of Attorney

[] An Assignment of the invention to _____

CERTIFICATION UNDER 37 C.F.R. § 1.10

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EV035533291US addressed to: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

January 15, 2001
Date

George M. Kaplan
George M. Kaplan

[] This application claims the benefit under 35 U.S.C. §119(e) of U.S. Provisional Application(s) No(s) .:

APPLICATION NO(S) .:

FILING DATE

____/____/____

[x] Certified copy of application(s)

Country Appln. No. Filed
Fed. Rep. GERMANY Utility Model 201 00 662.6 January 15, 2001

from which priority under Title 35 United States Code, § 119 is claimed

[X] is enclosed.

[] will follow.

CALCULATION OF UTILITY APPLICATION FEE*

For	Number Filed	Number Extra	Rate	Basic Fee
Total				\$ 740.00
Claims**	20	-20 = 0	x \$ 18.00	\$ 0.00
Independent				
Claims	1	-3 = 0	x \$ 84.00	\$ 0.00
Multiple	[] yes	Add'l. Fee	\$280.00	\$
Dependent				
Claims	[x] no	Add'l. Fee	None	= \$
			TOTAL	\$ 740.00

[X] Small Entity Status Under 37 C.F.R. § 1.27 is claimed.
Reduced fees under 37 C.F.R. § 1.9(f) (50% of \$740.00 total)
is \$370.00.

[X] The amount of \$40.00 for recording the attached Assignment
is included in a separate check.

* Based upon accompanying Preliminary Amendment

** includes all independent and single dependent claims and all claims referred to in multiple claims. See 37 C.F.R. § 1.75(c).

[x] Checks in the amount of \$ 370.00 to cover the
[] recording, [X] filing fee(s) is attached.

[] Charge fee to Deposit Account No. 04-1121. Order No.
TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

[X] Please charge any deficiency as well as any other fee(s)
which may become due under 37 C.F.R. § 1.16 and 1.17, at any
time during the pendency of this application, or credit any
overpayment of such fee(s) to Deposit Account No. 04-1121.
Also, in the event any extensions of time for responding are
required for the pending application(s), please treat this
paper as a petition to extend the time as required and
charge Deposit Account No. 04-1121 therefor. TWO (2) COPIES
OF THIS SHEET ARE ENCLOSED.

Date: January 15, 2002


George M. Kaplan
Reg. No. 28,375

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333 Earle Ovington Blvd.
Uniondale, NY 11553
Tel. No. (516) 228-8484
Fax. (516) 228-8516